

HATCH) was added as a cosponsor of S. 1037, a bill to amend title 10, United States Code, to authorize disability retirement to be granted posthumously for members of the Armed Forces who die in the line of duty while on active duty, and for other purposes.

S. 1066

At the request of Mr. KERRY, the name of the Senator from Indiana (Mr. BAYH) was added as a cosponsor of S. 1066, a bill to amend title XVIII of the Social Security Act to establish procedures for determining payment amounts for new clinical diagnostic laboratory tests for which payment is made under the Medicare program.

S. 1083

At the request of Ms. MIKULSKI, the name of the Senator from South Dakota (Mr. JOHNSON) was added as a cosponsor of S. 1083, a bill to amend title XVIII of the Social Security Act to exclude clinical social worker services from coverage under the medicare skilled nursing facility prospective payment system.

S. 1084

At the request of Mr. DURBIN, the name of the Senator from Vermont (Mr. LEAHY) was added as a cosponsor of S. 1084, a bill to prohibit the importation into the United States of diamonds unless the countries exporting the diamonds have in place a system of controls on rough diamonds, and for other purposes.

S. RES. 71

At the request of Mr. HARKIN, the names of the Senator from Minnesota (Mr. WELLSTONE) and the Senator from Oregon (Mr. WYDEN) were added as cosponsors of S. Res. 71, a resolution expressing the sense of the Senate regarding the need to preserve six day mail delivery.

S. RES. 72

At the request of Mr. SPECTER, the name of the Senator from Texas (Mr. GRAMM) was withdrawn as a cosponsor of S. Res. 72, a resolution designating the month of April as "National Sexual Assault Awareness Month."

S. CON. RES. 37

At the request of Mr. LIEBERMAN, the name of the Senator from Mississippi (Mr. COCHRAN) was added as a cosponsor of S. Con. Res. 37, a concurrent resolution expressing the sense of Congress on the importance of promoting electronic commerce, and for other purposes.

S. CON. RES. 43

At the request of Mr. VOINOVICH, the names of the Senator from Ohio (Mr. DEWINE) and the Senator from Indiana (Mr. LUGAR) were added as cosponsors of S. Con. Res. 43, a concurrent resolution expressing the sense of the Senate regarding the Republic of Korea's ongoing practice of limiting United States motor vehicles access to its domestic market.

S. CON. RES. 53

At the request of Mr. HAGEL, the names of the Senator from Ohio (Mr.

DEWINE) and the Senator from Oklahoma (Mr. INHOFE) were added as cosponsors of S. Con. Res. 53, concurrent resolution encouraging the development of strategies to reduce hunger and poverty, and to promote free market economies and democratic institutions, in sub-Saharan Africa.

At the request of Mr. LEAHY, the name of the Senator from Wisconsin (Mr. FEINGOLD) was added as a cosponsor of S. Con. Res. 53, supra.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Ms. COLLINS (for herself and Ms. LANDRIEU):

S. 1096. A bill to eliminate the requirement that certain covered beneficiaries under chapter 55 of title 10, United States Code, obtain a nonavailability-of-health-care statement with respect to obstetrics and gynecological care related to a pregnancy; to the Committee on Armed Services.

Ms. COLLINS. Mr. President, I rise today to introduce the Military Spouse Physician Choice Act of 2001. This legislation amends the Civilian Health and Medical Program of the Uniformed Services, CHAMPUS, to eliminate the requirement that a military dependent obtain a nonavailability statement, NAS, or a waiver from a commanding officer of a military treatment facility, in order to receive maternity care from a civilian doctor. I am pleased that my colleague Senator LANDRIEU is joining me in introducing this legislation.

This legislation, which is a companion to H.R. 1511, introduced in the House by Representatives JIM RYUN and SUSAN DAVIS, will eliminate the requirement for TRICARE Standard maternity patients to obtain military nonavailability statements before seeing other doctors. Under current policy, Standard patients who live within 40 miles of a military medical facility must obtain a NAS from the facility commander before receiving pregnancy care from a civilian physician.

Over 53 percent of our Nation's active service personnel today are married. Maintaining a high quality of life for these men and women in uniform must include the best possible health care for their spouses. While the services may recruit men and women to serve in our military forces, the reality is that we retain families to protect our Nation. It is therefore critical that all military spouses receive the health care services they signed up for.

Currently, a military dependent has two options under the military's health care system. All military personnel and 84 percent of military dependents enroll in TRICARE Prime, which is the military's version of an HMO. Prime provides quality care, usually at a military treatment facility on the post or base. However, some dependents choose to enroll in the military's fee-for-service plans, called TRICARE Standard and Extra. These dependents voluntarily accept higher copayments

and deductibles in return for the promise of freedom to choose their own doctor.

Unfortunately, the promises in the enrollment brochure do not apply in all circumstances. Currently, a woman who chooses a civilian doctor through TRICARE Standard or Extra is forced to change doctors and return to the military treatment facility when she becomes pregnant. The only way for her to continue using her own doctor is to receive special permission from the commanding officer of that military treatment facility. The result is a bureaucratic nightmare.

This situation is a concern for military dependents across the country. It represents a break in continuity of care that compromises the invaluable relationship between a woman and her doctor. A woman who has a trusted relationship with her civilian ob/gyn is required to change to a doctor at the military treatment facility due to an unnecessary regulation that can, and should, be fixed.

Military families deserve better treatment. Many of them consistently pay higher premiums and accept higher out-of-pocket costs in exchange for an active role in controlling their health care decisions. It should not take a military order to allow a woman to stay with her regular doctor for prenatal, delivery and postnatal care. This is why Senator LANDRIEU and I are introducing legislation to cut through this burdensome red tape. The Military Spouse Physician Choice Act would eliminate the need for women to get special permission to receive the continuity of care they were promised.

Over the past few years, Congress has made several positive changes to military health care services. We have given our military personnel the ability to choose the health care option that is right for each of their families. We have enabled our military treatment facilities to maintain a high level of excellence, making them the choice of most military dependents. It only follows that a pregnant spouse should be able to choose to utilize that treatment facility but not be mandated to do so.

If we want to continue to recruit and retain quality people for our armed services, we need to show them that they and their families will be treated fairly when making health care decisions.

I am very pleased that the Military Coalition, a consortium of nationally prominent uniformed services and veterans organizations representing more than 5.5 million members plus their families, has endorsed this legislation. The Retired Officers Association, TROA, has as well because the current policy denies TRICARE Standard beneficiaries one of the most important principles of quality health care, continuity of care by a provider of their choice.

I urge all Members of the Senate to join me and Senator LANDRIEU in support of the Military Spouse Physician Choice Act.

I ask consent that the text of the bill be printed in the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 1096

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Military Spouse Physician Choice Act".

SEC. 2. ELIMINATION OF REQUIREMENT TO OBTAIN NONAVAILABILITY-OF-HEALTHCARE STATEMENT IN CASES OF PREGNANCY.

(a) ELIMINATION OF REQUIREMENT.—Section 1080(b) of title 10, United States Code, is amended by striking the second sentence.

(b) EXPANSION OF NONAVAILABILITY STATEMENT WAIVER AUTHORITY.—Section 721 of the Floyd D. Spence National Defense Authorization Act for Fiscal Year 2001 (as enacted by Public Law 106-398; 114 Stat. 1654A-446) is amended—

(1) in subsection (a), by inserting "or with respect to obstetrics and gynecological care related to the pregnancy of such a beneficiary who is enrolled in TRICARE Extra," after "TRICARE Standard"; and

(2) in subsection (c)—

(A) by redesignating paragraphs (1) through (3) as subparagraphs (A) through (C), respectively;

(B) by inserting "(1)" after "(c) EXCEPTIONS.—"; and

(C) by adding at the end the following new paragraph:

"(2) Paragraph (1) shall not apply in the case of obstetrics and gynecological care related to the pregnancy of a covered beneficiary."

Ms. LANDRIEU. Mr. President, I rise today to introduce the Military Spouse Physician Choice Act of 2001 with my distinguished colleague, the junior Senator from Maine. This legislation amends the Civilian Health and Medical Program of the Uniformed Services, CHAMPUS, to restore equity to the families of our servicemembers. Simply put, this bill would delete the requirement for a servicemember's spouse to obtain a non-availability statement from the commanding officer of the nearest military treatment facility in order to receive maternity care from a civilian doctor.

Under current legislation, military dependents choosing to enroll and pay for TRICARE Standard, the program in which enrollees accept higher co-payments in exchange for the option of choosing their own doctors, are still required to obtain a military non-availability statement before seeing their choice of civilian physician. This practice continues despite the fact they are already paying for just that option. Our bill eliminates the requirement for maternity patients enrolled in TRICARE Standard to get that non-availability statement before being seen by the civilian physician of their choice for all maternity care throughout the pregnancy.

I am committed to the quality of life of the men and women in uniform who

sacrifice to serve their Nation. All too often we forget that families and their treatment are key to the quality of life and retention of those servicemembers. Our military and their families deserve better treatment than what they receive today. If they choose to accept the higher costs of TRICARE Standard in exchange for greater control over their healthcare choices, then they should have that control over all healthcare choices. Pregnancy should not force a spouse to get permission from the military to receive her prenatal, delivery, and postnatal care from the same doctor who she paid to see prior to the pregnancy. Anything less is fundamentally unfair and is something none of us would accept from any medical plan in the civilian community.

This body has worked hard to improve military healthcare for our servicemembers, their families and retirees. With the creation of TRICARE, we gave them control over their medical treatment by allowing them to pay additional costs out of pocket in exchange for greater flexibility, the same choice anyone outside of the military has the opportunity to make. If we want to continue to recruit and retain the best and brightest people our Nation has, we owe them equitable treatment. Any other course is a disservice to them and disrespectful of the choices and financial commitments they have made to the military healthcare system. I urge my colleagues to support this bill and send a message to our military: You and your families will be treated fairly and with respect when making healthcare decisions. The Military Coalition representing more than 5.5 million servicemembers and their families supports this legislation. So does The Retired Officers' Association, TROA. Fellow members of the Senate, support of this bill should be common sense for all of us. This bill should pass unanimously because it does what is right, what is fair, and keeps faith with our military.

I am proud to cosponsor this legislation with Senator COLLINS and urge all of you to join us in supporting the Military Spouse Physician Choice Act.

By Mr. THOMPSON (for himself and Mr. FRIST):

S. 1097. A bill to authorize the Secretary of the Interior to issue right-of-way permits for natural gas pipelines within the boundary of the Great Smoky Mountains National Park; to the Committee on Energy and Natural Resources.

Mr. THOMPSON. Mr. President, I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 1097

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. NATURAL GAS PIPELINES WITHIN THE BOUNDARY OF THE GREAT SMOKY MOUNTAINS NATIONAL PARK.

(a) PERMIT FOR NATURAL GAS PIPELINES.—

(1) AUTHORIZATION.—The Secretary of the Interior may issue right-of-way permits for natural gas pipelines that are—

(A) within the boundary of the Great Smoky Mountains National Park (as of the date of enactment of this Act);

(B) not otherwise authorized by Federal law; and

(C) not subject to valid rights of property ownership.

(2) CONDITIONS.—A permit issued under paragraph (1) shall be subject to any terms and conditions that the Secretary determines necessary.

(b) PERMIT FOR PROPOSED NATURAL GAS PIPELINES.—

(1) AUTHORIZATION.—The Secretary may issue right-of-way permits for natural gas pipelines within the boundary of the Great Smoky Mountains National Park that are proposed for construction in—

(A) the Foothills Parkway;

(B) the Foothills Parkway Spur between Pigeon Forge and Gatlinburg; and

(C) the Gatlinburg Bypass.

(2) CONDITIONS.—A permit issued under paragraph (1) shall be subject to any terms and conditions that the Secretary determines necessary, including—

(A) provisions for the protection and restoration of resources that are disturbed by pipeline construction; and

(B) assurances that construction and operation of the pipeline will be compatible with the purposes of the Park.

SUBMITTED RESOLUTIONS

SENATE RESOLUTION 116—CONGRATULATING THE REPUBLIC OF SLOVENIA ON ITS TENTH ANNIVERSARY OF INDEPENDENCE

Mr. VOINOVICH (for himself, Mr. BIDEN, Mr. DEWINE, and Mr. HARKIN) submitted the following resolution; which was considered and agreed to:

S. RES. 116

Whereas on December 23, 1990, the people of Slovenia voted overwhelmingly in favor of independence from the former Yugoslavia in a national referendum;

Whereas, on June 25, 1991, the Republic of Slovenia declared itself an independent and sovereign nation;

Whereas, on December 23, 1991, the Slovenian parliament adopted a constitution based on the rule of law, respect for human rights, and democratic ideals;

Whereas, during its ten years of independence, Slovenia has been an important United States ally in Central and Eastern Europe and a strong advocate of democracy, the rule of law, and the merits of an open, free market economy;

Whereas the Republic of Slovenia has demonstrated an outstanding record on human rights during the past decade, and the country's market economy has experienced continued growth and success;

Whereas Slovenia has made important contributions to international efforts to promote peace and stability in Southeast Europe and other parts of the world;

Whereas Slovenia serves as a leader in efforts to remove destructive land mines in parts of Southeast Europe plagued by war and ethnic violence during the 1990s;

Whereas Slovenia has become an active member of international organizations, including the United Nations, the World Trade